

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024064

1. Entity Name

CELTIC CONSULTING, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90034 012 ***150.00

Principal Place of Business

101 E COLLEGE AVE
SUITE 302
TALLAHASSEE FL 32301
US

Mailing Address

PO BOX 10550
TALLAHASSEE FL 32302

2. Principal Place of Business

101 E. College Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3443225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, LAURA L
101 E COLLEGE AVE, SUITE 302
TALLAHASSEE FL 32301

Name Gallagher, Laura L.

Street Address (P.O. Box Number is Not Acceptable)

101 E. College Ave.

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Laura L. Gallagher

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GALLAGHER, LAURA L
STREET ADDRESS 101 E. COLLEGE AVE, SUITE 302
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE PD
NAME *Change*
STREET ADDRESS *101 E. College Ave, Suite 301*
CITY-ST-ZIP *Tallahassee, FL 32301* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura L. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

850/222-6891
Daytime Phone #

CR2E034 (10/00)